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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/771,314-Conf. #7648
		Filing Date	January 26, 2001
		First Named Inventor	Graham D. Marshall
		Art Unit	1743
		Examiner Name	B. R. Gordon
Total Number of Pages in This Submission	8	Attorney Docket Number	320208001US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Assignment sent for recording concurrently herewith Return Receipt Postcard
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	PERKINS COIE LLP Robert G. Woolston - 37,263	
Signature		
Date	September 22, 2004	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 9-22-04

Signature: (Vickie Hoeft)



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Graham Marshall, Duane K. Wolcott, Daniel Ericson,  
and Don C. Olson  
Filed : Concurrently herewith  
For : APPARATUS AND METHOD FOR AUTOMATED  
MEDICAL DIAGNOSTIC TESTS

Docket No. : 32020-8001US1

Commissioner for Patents  
Washington, DC 20231

ELECTION UNDER 37 C.F.R. §§ 3.71 AND 3.73

AND POWER OF ATTORNEY

Sir:

The undersigned, being Assignee of the entire interest in the above-identified application by virtue of an Assignment filed concurrently herewith, a copy of which is enclosed, hereby elects under 37 C.F.R. § 3.71, to prosecute the application to the exclusion of the inventors.

Assignee hereby appoints JERRY A. RIEDINGER, Registration No. 30,582; MAURICE J. PIRIO, Registration No. 33,273; JOHN C. STEWART, Registration No. 40,188; MICHAEL D. BROADDUS, Registration No. 41,637; BRIAN P. MCQUILLEN, Registration No. 41,989; CATHERINE HONG TRAN, Registration No. 43,960; ROBERT G. WOOLSTON, Registration No. 37,263; PAUL T. PARKER, Registration No. 38,264; JOHN M. WECHKIN, Registration No. 42,216; CHRISTOPHER DALEY-WATSON, Registration No. 34,807; STEVEN D. LAWRENZ, Registration No. 37,376; JAMES A.D. WHITE, Registration No. 43,985; EDWARD S. HOTCHKISS, Registration No. 33,904; STEPHEN E. ARNETT, Registration

No. P-47,392; DAVINA L. CHILDS, Registration No. P-47,485; and JAMES NICKELSON, Registration No. 46,140, of Perkins Coie LLP, as the principal attorneys with full power of substitution, association, and revocation to prosecute said application, to transact all business in the Patent and Trademark Office connected therewith, and to receive the letters patent therefor. Please direct all correspondence to Customer Number 25096.

Bar Code:

**\*25096\***

**25096**

PATENT TRADEMARK OFFICE

Pursuant to 37 C.F.R. § 3.73, the undersigned duly authorized designee of Assignee certifies that the evidentiary documents have been reviewed, specifically the Assignment to Global FIA filed concurrently herewith for recording, a copy of which is attached hereto, and certifies that to the best of my knowledge and belief, title remains in the name of the Assignee.

Global FIA

1-26-01  
Date

Don Olson  
Don Olson  
President

RGW:tdg

Enclosure:  
Copy of Assignment

## ASSIGNMENT

WHEREAS, we, Graham D. Marshall, Duane K. Wolcott, Daniel Ericson, and Don C. Olson ("ASSIGNORS"), having post office addresses of 684 Sixth Avenue, Fox Island, Washington 98333; 1091 Makah Place, Fox Island, Washington 98333; 603 Hill Avenue, Rochester, Minnesota 55902; and 3015 88<sup>th</sup> Avenue Court NW, Gig Harbor, Washington 98335, respectively, are the joint inventors of an invention entitled "APPARATUS AND METHOD FOR AUTOMATED MEDICAL DIAGNOSTIC TESTS," as described and claimed in the specification forming part of an application for United States letters patent executed herewith. This application claims the benefit of earlier filed U.S. Provisional Application No. 60/178,648, filed January 28, 2000;

WHEREAS, Global FIA ("ASSIGNEE"), a corporation of the State of Washington having a place of business at 3015 88<sup>th</sup> Avenue Court NW, Gig Harbor, Washington 98335, is desirous of acquiring the entire right, title, and interest in and to the invention and in and to any patents that may be granted therefor in the United States and in any and all foreign countries;

NOW, THEREFORE, in exchange for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, ASSIGNORS hereby sell, assign, and transfer unto ASSIGNEE, its legal representatives, successors, and assigns, the entire right, title and interest in and to the invention as set forth in the above-mentioned application, including any continuations, continuations-in-part, divisions, reissues, re-examinations, or extensions thereof, any other inventions described in the application, and any and all patents of the United States of America and all foreign countries that may be issued for the invention, including the right to file foreign applications directly in the name of ASSIGNEE and to claim priority rights deriving from the United States application to which foreign applications are entitled by virtue of international convention, treaty or otherwise, the invention, application and all patents on the invention to be held and enjoyed by ASSIGNEE and its successors and assigns for

their use and benefit and of their successors and assigns as fully and entirely as the same would have been held and enjoyed by ASSIGNORS had this assignment, transfer, and sale not been made.

UPON THE ABOVE-STATED CONSIDERATIONS, ASSIGNORS agree to not execute any writing or do any act whatsoever conflicting with this assignment, and at any time upon request, without further or additional consideration but at the expense of ASSIGNEE, execute all instruments and documents and do such additional acts as ASSIGNEE may deem necessary or desirable to perfect ASSIGNEE's enjoyment of this grant, and render all necessary assistance required for the making and prosecution of applications for United States and foreign patents on the invention, for litigation regarding the patents, or for the purpose of protecting title to the invention or patents therefor.

ASSIGNORS authorize and request the Commissioner of Patents and Trademarks to issue any Patent of the United States that may be issued for the invention to ASSIGNEE.

January 26, 2001  
Date  
State of Washington )  
County of Pierce )

G. Marshall  
Graham D. Marshall

ss.

I certify that I know or have satisfactory evidence that Graham D. Marshall is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.



Dated January 26<sup>TH</sup> 2001  
Signature of Notary Public [Signature]  
Printed Name Crystal A. Woodbury  
My appointment expires 1/26/2004

26 January 2001

Date

State of Washington)

County of Pierce)

Duane K. Wolcott  
Duane K. Wolcott

ss.

I certify that I know or have satisfactory evidence that Duane K. Wolcott is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.



Dated January 26<sup>th</sup>, 2001

Signature of Notary Public [Signature]

Printed Name Crystal A. Woodbury

My appointment expires 1/26/04

\_\_\_\_\_  
Date

State of \_\_\_\_\_)

County of \_\_\_\_\_)

\_\_\_\_\_  
Daniel Ericson

ss.

I certify that I know or have satisfactory evidence that Daniel Ericson is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Printed Name \_\_\_\_\_

My appointment expires \_\_\_\_\_

Date \_\_\_\_\_ Duane K. Wolcott  
State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

I certify that I know or have satisfactory evidence that Duane K. Wolcott is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated \_\_\_\_\_  
Signature of \_\_\_\_\_  
Notary Public \_\_\_\_\_  
Printed Name \_\_\_\_\_  
My appointment expires \_\_\_\_\_

Date \_\_\_\_\_ Daniel Ericson  
State of Minnesota )  
County of Olmsted ) ss.

I certify that I know or have satisfactory evidence that Daniel Ericson is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

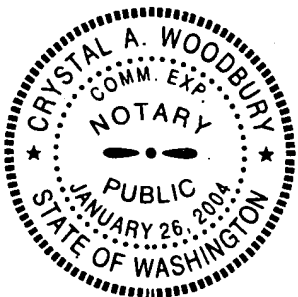
Dated \_\_\_\_\_  
Signature of \_\_\_\_\_  
Notary Public \_\_\_\_\_  
Printed Name \_\_\_\_\_

January 26, 2001  
Date  
State of WA)  
County of Pierce)

Don C. Olson  
Don C. Olson

ss.

I certify that I know or have satisfactory evidence that Don C. Olson is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.



Dated January 26, 2001  
Signature of [Signature]  
Notary Public  
Printed Name Crystal A. Woodbury  
My appointment expires 1/26/2004